

Religion and Mental Health: The Case of American Muslims

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ABSTRACT: Muslims have lived in America for centuries and their numbers are increasing like those of any other ethnic or religious group living in America. There is a growing awareness among mental health professionals of how to deal with mental health issues of the American minorities but little, if any, research is available on American Muslims. American living presents unique challenges to the Muslims who stick to their Islamic faith. The nature of Islamic faith and the concept of mental health in Islam are presented in this paper as well as the stressors that lead to mental health problems among the Muslims. The article also covers the response of Muslim communities to such challenges and the prescriptions given in Islam for positive mental health. Recommendations are outlined in the hope of initiating relevant research that would address the psychological needs of this largely neglected minority.

KEY WORDS: Muslims; mental health; American Muslims.

Surveys of the general population in America show that 95% of the people believe in God and a majority also identify themselves with a religion (Hoge, 1996). There is an increased amount of research in the West that shows the influence of religion on mental health. More recently, multiculturalism, religious diversity, and a concern regarding inequalities in health care delivery between mainstream Americans and ethnic minorities are making researchers particularly interested in religion and its influence on mental health (AMA, 2002). A realization that different people need different treatment, especially help that is religious in nature is also acknowledged by the American Psychological Association's Ethical Code of Conduct, which specifies that psychologists need to respect and consider the religious views of a client and, in case they cannot, that the client should be referred to a psychologist who can (APA, 1992). Lothstein (2002) points out that "the alienation that has existed between the mental health professions and religion for most of the 20th century is ending. The influence of the naturalistic, anti-religious assumptions that once gripped the field has weakened, and there is now a more spiritually

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open *Zeitgeist*.” While there is a growing interest in examining the role of religion and mental health in religious minorities of America, no research work is presently available on the mental health of American Muslims. The September 11 attacks on America have brought Muslims to the forefront of American attention and the issues arising from this event may very well exacerbate the already existing mental health concerns of these people. Who are the Muslims and what is their religion? How do Muslims perceive mental health and what factors threaten their mental health in a culture that is alien to their own? How does their religion deal with mental health and how are Muslims responding to such challenges? Do Muslim clients have different role expectations of their psychologists and counselors the mainstream population does? These questions are pertinent for academicians, researchers and practitioners of all helping professions as the Muslim population grows and is encountered in professional settings. This paper attempts to familiarize the non-Muslim audience about American Muslims and their belief systems, factors affecting their mental health, how the Muslim community is responding to such challenges, and what expectations Muslims have of their mental health professionals. The paper also outlines a set of recommendations for future planning and the increased well being of this growing minority.

Muslims of America

Although claims of the first Muslim arrival in America are reported as early as 1178 when a group of Chinese Muslim sailors landed on the West coast (Dawa-Net, 2003), history books record the Muslim arrival in 1312 when Mansa Abu Bakr came from Mali to South America (Nyang, 1999). Many sea voyages to the “New World” were made between the 15th and 16th centuries when an estimated 10 million African slaves came to America of whom around 30% were Muslims. Again, in the 18th century, the Moors from Spain were reported to be living in the Carolinas and Florida. It is believed that most of these early migrants were uneducated and due to various reasons, including forced conversions to Christianity over the years, they assimilated into the mainstream American culture (Nyang, 1999; Shamma, 1999). Muslim migration to the US in the 19th and 20th centuries occurred in several waves. The first wave was from the Arab world between 1875 and 1912 and was comprised of unskilled people who left the Middle East mainly for economic reasons; the second was from 1918–1922 after World War I; the third was from 1930–1938 was of American Muslim relatives conditioned by US immigration laws; the fourth from 1947–1960 included many immigrants from Eastern Europe, India, Pakistan, Soviet Union and other parts of the world; and the fifth was from 1967 until the present (Haddad, 1991). For reasons, including discriminatory practices towards African Americans, an Afro-American leader named

Noble Timothy Drew Ali founded the Moorish Science Temple Movement in 1913 in New Jersey and claimed that he was chosen by God to restore the true identity of the blacks who are descendants of Muslim Moors from Morocco. In 1930, the *Nation of Islam* was born, headed by Wallace Ford from Detroit, who was succeeded by his disciple Elijah Muhammad. These organizations did not preach the teachings of mainstream *Sunni* Islam and were soon challenged from within by prominent figures like Malcolm X and Warith Deen Mohammad, Elijah's son. These influential personalities abandoned the *Nation of Islam* and together with their followers joined the mainstream group of Muslims of America that follows the teachings of the Qur'an, the Muslim holy book, and *Sunnah* or the traditions of Prophet Muhammad. Conversion of non-Muslims occurred not only among Afro-Americans but also among many persons of Anglo-Saxon origin and Native Americans who embraced Islam for varied reasons (Lang, 1997). The name of Muhammad Alexander Russell Webb, a white American and one of the pioneers of Islamic *dawah* efforts towards the end of the 19th century is familiar to many American Muslims. The white American intellectuals converting to Islam were largely attracted by the growing Sufi orders in America. The more educated immigrant Muslims who came from different parts of the globe in the 1940s through the 60s became especially concerned about the religion and cultural values of their young and in 1972 established the Muslim Students Association (MSA) on almost all university campuses throughout North America. Presently, the estimated population of Muslim Americans ranges from 3 to 6 million residing throughout the United States, concentrated mostly in urban areas of the East and West coast, Midwest, and parts of the South, especially Texas and Florida (Haddad, 1991; Husain & Husain, 1996).

Recent polls show that 22% of American Muslims are US born, 78% are immigrants, 27% are of Middle East origin, 25% are from South Asia, 24% are African Americans and the rest are from Europe, the Far East, or other parts of the world (Zogby International, 2002). Another survey sponsored by Georgetown University in 2001 and conducted on urban Muslims shows that half of the American Muslims earn more than \$50,000 a year and 58% are college graduates. Seven in 10 Muslims are active in their mosques; 35% of men and 26% of women attend religious and/or community services weekly (Project MAPS, 2001).

Although Muslims come from different national and ethnic backgrounds, there are very few basic differences among them in matters of religion. They generally stick to the same worldview based on the Qur'an and *Sunnah*. Muslims believe in the existence of One God who depends on no one, and no one is like Him. Muslims firmly believe in the existence of angels who do things as commanded by God. They believe in the Messengers of God from Adam to Abraham, Moses, Christ, and finally Muhammad who brought the same messages of worshipping one God. Muslims also believe in the Books of God

including the Bible, but the Qur'an is the final revelation. They believe in the Day of Judgment (one will be paid his/her due for actions in this world—God will do justice to all), and destiny or fate, and life after death.

The Islamic concept of mental health

The Islamic view of man is dualistic, as man possesses both body and soul (Q38:71–72).¹ While the body is perishable, the soul is everlasting; the body is only a vehicle for the human soul. It is primarily the individual soul that is responsible for human behavior and it will be questioned in the life hereafter. The soul functions at three different levels and should be kept pure and be guided according to the injunctions given in the Qur'an.² Thus, the soul becomes the focus of attention for practicing Muslims and care of the body although essential, becomes secondary to the care of the soul. The Qur'an says, "Guard you own souls. If you follow guidance, no harm can come to you from those who stray" (Q5:108). The soul is comprised of the *ruh* (spirit), the *qalb* (heart), and the *aql* (intellect). The spirit is a quality of God, which He has breathed into man (Q38:71–72) and which exalts man above all other creations. The spirit also possesses the inherent knowledge of oneness of God and the ability to acquire true knowledge (Unity of God). The heart or *Qalb*, which is the cognitive faculty in humans, is the seat of volition, intention, and wisdom. The Qur'an talks about the illnesses of the heart in many places, referring to errors in man's thinking that lead to man's own destruction.³ In-

¹'Q' indicates a reference from the Qur'an followed by the chapter and then the verse(s). A translation of the Qur'an by Abdullah Yusuf Ali (1996) is used as reference.

²*Nafs Ammarah* (Q12:53)—free indulgence in gratifying passions and the tendency to do evil, *Nafs Lawwamah* (Q75:2)—conscience that directs man towards right or wrong, and *Nafs Mutmainnah* (Q89:27)—self that reaches the ultimate peace. Islamic teachings emphasize overcoming the passions of *Nafs Ammarah* to achieve *Nafs Mutmainnah* by using *Nafs Lawwamah* throughout one's life. The conflict of *Nafs Ammarah* and *Nafs Lawwamah* is a basic psychological conflict that a person goes through. Najati (2002) surmises that perhaps, it is God's will that the way man adopts in solving this conflict becomes the real test in this world. The successful ones are those who have the ability to reconcile these two needs and establish some sort of equilibrium between them. Islam educates people on how to establish this equilibrium by way of strengthening the spiritual component in man by inviting him to believe in one God and to worship Him. The other approach for man is to dominate his material component by controlling his drives, emotions, and sexual desires. By these approaches of education, Islam teaches people to attain equilibrium between the material and the spiritual components of their personalities and thus enjoy good mental health. Although some scholars compare Freudian division of the mind to the three levels of the self given here, such comparison is flawed as the Islamic description arises out of the spiritual essence while Freud's description comes out of biological instincts in humans.

³The heart is one of three types, the healthy heart, the dead heart and the sick heart. The healthy heart is cleansed from any desire that challenges God's commands, commits totally and relies fully on God only. The dead heart is unaware of its Creator, listens to its desires and whims and is immersed in worldly pleasures. The sick heart is somewhere in the middle with its love of God as well as love of the material world, engulfed in self-admiration and wavering between safety and destruction depending on which way it tilts itself.

tellec[t] or *Aql* is the faculty of reasoning of the highest order. In Islam, faith is not blind and does not stand above reason, to the extent that the Qur'an invites man to reflect on all that it says. These combined faculties are bestowed upon man to reach the ultimate truth that will bring out ultimate wisdom and happiness, preconditions to good mental health. Happiness in Islam relates to the present world as well as the hereafter; the latter being more meaningful and permanent and a gift of God to those who spend their lives in submitting to His commands. Muslim scholars explain that virtues and good character can be produced by training *Nafs al Ammarah* (animal soul) and its bodily faculties by *Nafs al Lawwamah* (rational soul) that guides human actions based on thinking and reflection (Al Attas, 1993).

The Qur'an declares that man is created in the best of moulds that can make him surpass the angels in positive qualities. This is because man is given the knowledge that angels do not have (Q2:31) and freewill, unlike angels who must follow the commandments of God. Man is given freewill to seek the true reality and self-understanding that will lead him to foster divine attributes in himself. However, if man does not use his faculties in the prescribed manner, he may fall prey to his bodily desires and become lowlier than animals (Q95:4–5). The innate disposition or *fitrah* is a source of guidance and is centered in the soul, telling humans when they are wrong. It is the deviation from *fitrah* or a corruption of the original positive nature by following one's own whims that can lead to mental health problems. Illness is also looked upon as the will of God and problems of life may be trials from God (Q2:155–156, 21:35) and a means of washing away sins if dealt with patiently. In Islam, man is viewed as a microcosm of the entire universe, meaning that as the cosmos follows its own nature prescribed by God, man must also follow the divine injunctions or suffer consequences. If man submits to the will of God, he will not experience a conflict in life or will be psychologically and morally equipped to deal with such conflicts. Islam views mental health not only as the absence of pathology but presence of virtues that can lead man to his own well-being.

The Qur'an is explicit about the virtues that preserve mental health and vices that can bring various mental health problems. Virtues can be external or internal. External virtues refer to the fulfillment of divine commandments like acts of worship, doing good to others and following Islamic rules of attire, eating, cleanliness, relationships, etc. Internal virtues arise from reasoning based on the Qur'anic revelations and include good intentions, a desire to seek knowledge of self and knowledge of God, which can be attained through sincere contemplation. External and internal virtues complement one another and are necessary for the attainment of happiness and the well-being of the individual.

Besides the corruption of the *fitrah* based on one's own volition, other factors that may cause mental health problems include interventions from the *Jinn* (genie), black magic and effects of the evil eye. Such factors would espe-

cially affect those people who have lost faith and attach more value to the present world. The Qur'an and *Sunnah* give details on the existence of these variables in human life and the manner in which they can be treated. However, it should be noted that such beliefs and practices are found in other religions as well and are often reflective of cultures rather than religion.

One also needs to distinguish between the Islamic concept of mental health based on religion and the western concept based on the secular and scientific theories of human nature and illness. Muslims perceive scientific development as a successive or cumulative effort leading towards discovering the laws of God; they believe that science can be flawed if not based on faith. The integration of science and religion is a primary component of Muslim scholarly belief (Haque, 1998). It is also important to know that modern social science disciplines emerged out of a struggle between scientists who emphasized observation and experimentation in all phenomena and the religionists who resorted to divine scriptures for everything. In this struggle, science eventually came out victorious over religion resulting in the secularization of knowledge.⁴ Religion and metaphysical elements were eliminated from explaining human behavior. When psychology separated from philosophy, it also emerged as a scientific discipline where religion played almost no role or a negative role in explaining human behavior. Although some psychologists took interest in the psychology of religion, their influence remained minimal because of the strong influence of psychodynamic and behavioral theories. However, due to factors, including a religious revival in America, psychologists are now showing more interest in the influence of religion on mental health.

Mental health stressors

Living in a society that is in contrast to one's values and belief systems can be highly stressful and challenging. Muslims face ongoing stressors in the American society that may negatively affect their mental health. Although no research is currently available on identifying sources of stress for American Muslims, the following stand out as major challenges.

Religious beliefs and observance of religious rituals. The Muslim religious beliefs rooted in the Qur'an and *Sunnah* not only carry a different worldview

⁴The word "secular" is derived from the Latin root word *saeculum* meaning the present age. Thus, secular connotes this world or contemporary times. Secularization refers to rescuing man from the world beyond or a turning away from religious and metaphysical control of man. A distinction must also be made between secular and western. There are many people in the west belonging to different religions and are not secular in their outlook. Even non-religious persons may not agree to all the concepts that secularism has to offer. West also is not totally synonymous with secularism, an error commonly made in academic circles, especially in the Muslim world. In the secular system, concern with God is a private matter at best, thereby leaving the notion of religion outside the scope of society's interest.

but also compete with the dominant religions of America. Despite being an Abrahamic religion like Judaism and Christianity, Islam negates certain elements found in these religions and prescribes a code of life incompatible with the Western outlook. For those Muslims who perform their religious rituals like the five daily prayers and observe fasting in the month of Ramadan, the American context presents particular problems at the workplace as it may result in inconvenience for both the employees and the employer. Ablutions that should be made before each prayer, the offering of prayers in a prescribed manner and in a particular place with a prayer mat can all become difficult. Friday prayers that are obligatory and must be offered in a mosque may not always be possible due to work schedules or the unavailability of a mosque in the area.⁵

Sense of alienation and identity crisis. For Muslims, American living presents various challenges ranging from food (pork and alcohol products are strictly prohibited) to the religious and cultural belief systems. For newer immigrants, even the dress, weather and language can cause adjustment problems. American-born children raised in Muslim homes face ongoing challenges to the Islamic code of life. Thus, Muslims may not feel themselves to be a part of the mainstream society. While this cannot be generalized for all, it is true of Muslims who stick to their religion and cultural norms and values and end up forming their own rigid communities. It is also true that while immigrants face more challenges upon entering America, their American-born children find it easier to assimilate in the mainstream culture. However, if the children move away from or discard Islamic values, conflicts between the older and newer generations develop.

Misconceptions about Muslims and Islam. The media bashing of Muslims over the years is another major source of stress. An interesting article by Shaheen (1999) outlines how Muslims have been portrayed by the Western media over the years. Movies like *Lawrence of Arabia* (1962), *Black Sunday* (1977), *Rollover* (1981), and *Delta Force* (1986) create a negative image of Muslims resulting from the Arab-Israel conflict, a secular bias against Islam, a political agenda or plain ignorance on the part of the media. The main misconception about Islam is that it is a religion of violence, including the belief that Muslims are terrorists and that Islam is anti-American. Such beliefs

⁵Ablution involves washing of the hands, rinsing out the mouth, cleansing the nostrils, washing face and arms up to the elbows, wiping the head, inner sides of the ears, neck and finally washing the feet up to the ankle. All five prayers are preferred at the mosque where one should go walking because there is a reward at each step taken. At the mosque besides the religious aspect of remembering God, one gets to meet the fellow Muslims that strengthen social bonding and brotherhood. Fasting during Ramadan is a form of self-control in areas including anger, envy, sexual desire, etc. and develops a sense of gratitude for what one has and understanding and sympathy for others who do not have food. *Zakat* or alms giving is a built-in social security system for the poor and increases sympathy for the needy.

have certainly been reinforced by a small group of radical individuals who generally have their own personal agendas. A major misconception also is that Islam is a religion of the Arabs, although many immigrants from Eastern Europe, Russia and China are also Muslims. Immigrants from Pakistan, Bangladesh, Malaysia, Indonesia, and the African continent and many other non-Arab countries are Muslims as well. Members of the Muslim community, especially young adults and children, find it difficult to cope with such stressors.

Prejudice and discrimination. Media bashing and stereotyping has led to a stigmatization of the Muslims resulting in prejudice as well as discrimination in all walks of life, especially after the September 11 attacks on America. Factors like high unemployment and the presence of right wing movements based on ethnic and religious biases are other sources of psychological stress for Muslims and members of other minority groups. Hate mail and threat notes are a common occurrence at local Islamic centers in the US.⁶ Muslim women face ongoing discrimination for wearing the *hijab* (headscarf), which is a part of their culture and religious faith. There are also incidents of prejudice reported in schools.

Social issues. Islam is not a religion in the narrow sense of the term but a way of life. It prescribes behaviors in all areas of life including family relationships (where member roles as well as gender roles are defined, e.g., children must obey parents except when parents go against religion), upbringing of children (parental role is crucial and there is emphasis on education and discipline), socialization (clear rules are laid down and free mixing of the sexes is prohibited), dietary issues (alcohol, pork and their by-products are strictly prohibited, which makes grocery shopping difficult—a devout Muslim must read the ingredients of all products to ensure compliance with dietary prohibitions), and monetary practices (poor-due is compulsory and interest is prohibited). Islamic injunctions often come in direct conflict with American living, which is highly liberal and permits many behaviors unacceptable in Islam.

Education of children. Although this issue is not voiced openly, Muslims are concerned about what is taught in the schools. Since American education

⁶The Council of American Islamic Relations (CAIR) reports the following anti-Muslim incidents after the September 11 attacks until February 2002: Public Harassments (372), Physical Assaults (289), Deaths (11), Death threats (56), Bomb Threats (16), Discrimination at workplace (166), Discrimination at school (74), Airport profiling (191), FBI/Police intimidation (224), and Hate mail (315). This is of course a very conservative report, as most incidents do not get reported due to a fear of backlash, etc. Other organizations of Muslims also maintain such records on the Internet. An annual report released by CAIR indicated an 18 percent increase in total incidents and a 60 percent rise in discrimination cases. The 60-page report, called "Patterns of Discrimination," details more than 280 incidents and experiences of anti-Muslim violence, discrimination, stereotyping, bias, and harassment. CAIR, February, 2002 (<http://www.cair-net.org/>). These figures have not been updated since February 2002.

is secular in nature, children may learn things that are in conflict with the Islamic worldview. For example, the Darwinian theory of evolution is in clear contrast to the Islamic story of creation and may change the mindset of a Muslim child against religion unless a proper analysis of such materialistic theories is explained to the children by their parents.

Islamic counseling services. While there is some effort on the part of certain Muslim organizations to establish counseling services for Muslims, formal services or agencies tailored for the needs of Muslim clients are severely lacking. This may be partly because there are very few therapists who are well grounded in Islamic approach to treatment and also due to a lack of Muslim professionals interested in starting such services. In Muslim countries, it is generally the Imam (one who leads the prayer at a mosque or a knowledgeable person of Islamic tenets) who treats mental health problems but such persons in the US would not qualify for counseling certification because of lack of training/education in the American/secular based mental health professions. Problems of broken homes, joblessness, and discrimination, religiosity, and relationship issues are left untreated because many Muslims may not feel comfortable working with secular therapists who do not understand Muslim culture or the religious contexts of Muslim issues.

Another way to look at such challenges is by age group. For example, at school, children are generally expected to comply with cultural norms in dress code, food habits, socialization and even accent. Secular holidays like Halloween and Valentine's Day do not exist in Islam, and Muslim children are in a dilemma when their parents do not approve of participation in these events. Further complications arise during adolescence when dating becomes the social norm. Muslim youths are supposed to stay away from such activities as premarital free mixing between the genders is prohibited. Selecting partners for marriage is a more serious issue because parents prefer their grown-up children to marry in their own cultures. Adult couples also have to make Islamic versus non-Islamic choices when buying a home or even a car that is financed on interest as interest is considered *haram* (prohibited) in Islam. Leaving children at babysitters or day care centers may not adhere to Islamic values and choosing between sending children to Public schools that suffer from 'secular' problems or Islamic schools that are private but expensive or simply unavailable is problematic. Women's issues of work, education and role expectations within Islam and different Muslim cultures pose significant challenges to Muslim women. Old age brings its own peculiar problems, prominent among which is loneliness that is increased because of being an ethnic as well as a religious minority. Even going to mosques for religious services can become difficult at this age due to transportation problems or the unavailability of mosques in the area.

A growing area of concern is the new converts who come to the fold of Islam. The number of Muslim converts is increasing but there is hardly any system

of social support for them. While they are isolated from their native groups, the integration of these converts into Muslim societies remains a challenge. Muslims originating from countries like Iran, Iraq and Afghanistan are facing threats on a wider scale due to the political tensions between America and these nations. Muslim refugees from Bosnia, Palestine and Kashmir suffer from PTSD symptoms. Islamic rulings are clear on managing the affairs of society but such rules cannot be applied in a non-Muslim country. Muslims may feel cheated by the law of the land in cases of inheritance, child custody, child upbringing, and so forth, as American laws may violate the basic Qur'anic injunctions on family and social related matters.⁷ Such factors give rise to stress, anxiety, fear, insecurity, helplessness and depression among Muslims.

Facing the challenges

Realizing the social and religious challenges that would arise in an un-Islamic culture, the MSA addressed some of these issues on its formation in the 1970s. Because MSA was basically a students' association, the Islamic Society of North America (ISNA) was established in 1981 as an umbrella organization with a mission to serve "the diverse needs of Muslims in North America . . . and provide a unified platform of expression for Islam, to develop educational, outreach and social services that translate the teachings of the Qur'an and the *Sunnah* into everyday living, and to enhance Islamic identity in society." Over the years, ISNA has developed many services for the Muslims including the establishment of Islamic Centers and Islamic schools, financial planning of Muslim funds from an Islamic perspective, management of charity monies, youth activities, matrimonial services, religious services, conferences, publications, etc. Although these activities may incorporate Muslim needs at a macro level, there are no direct services that are geared towards addressing mental health issues, per se. After the establishment of ISNA, many other smaller Muslim organizations have cropped up in America but few address specific mental health concerns and if they do, it is primarily the religious leader of the Islamic Center who counsels the client or family from an Islamic perspective. In the last few years, organizations like the Association of Muslim Social Scientists (AMSS) have shown interest in conducting conferences and workshops on Islamic counseling. Two agencies that work towards the general so-

⁷For inheritance, male children get a larger share of property than female children or even more than the wife of the deceased husband. This is because males are given full responsibility of supporting their families in financial matters, whereas females are not. Children are considered minors until they reach adulthood and may not have access to their inherited property. For child custody, it is the father who generally remains the custodial parent. However, in Islam child custody has two forms, residential care and legal guardianship. The former covers the child's daily living needs and the latter includes important decisions about the child's life. It is the latter for which the father is responsible.

cial welfare of Muslims in a limited geographical area were established in the 1990s—the Islamic Health and Human Services (IHHS) was founded in Detroit in 1991 and the Islamic Social Services Association was founded in Virginia in 1999. Considering the large number of Muslims in America and their complex mental health issues, it can be stated that mental health services for Muslims and by Muslims are almost non-existent.

What approach does Islam take towards the treatment of mental health? Islam takes a two-pronged preventive approach to protect humans from sacrificing their mental health. The emphasis is on both building positive qualities in oneself that would prevent mental health problems and avoiding negative qualities that may lead to various mental health problems. There are numerous verses throughout the Qur'an emphasizing the development of three main positive qualities, i.e. faith, repentance and patience. Islamic faith refers to belief in God that gives the client a sense of acceptance especially when things are going against one's wishes. The Qur'anic verse 2:216 states, "It may be that you dislike a thing which is good for you and that you like a thing which is bad for you. God knows but you do not know." The Qur'an also points out that to return to faith and a need for higher assistance is in man's nature (Q17:67, 30:30). Faith in God is enhanced by praying and developing God-consciousness that will provide a sense of security and protection and on the other hand, a sense of apprehension that will prevent oneself from wrongdoings (Q91:7–8). The Qur'an also exhorts man to purify one's *nafs* through prayer and remembrance of God (Q2:152, 2:186, 13:28, 27:62, 29:45, 40:60, 63:9)—this act is also called *Dhikr*. Reading the Qur'an in itself is healing (Q10:57, 17:82, 41:44). Muslims believe in finding solace by simply listening to or reciting the verses of the Qur'an and the Qur'an confirms this belief. Perhaps this is why many Muslims carry a copy of the Qur'an even when they are traveling. Repentance is asking God for forgiveness after which a person finds relief from psychological turmoil after breaking God's rules and regains self-integration. Repentance over mistakes is encouraged, as God loves to forgive (Q4:110, 6:54, 73:20). However, they reminded that a sin for which one asks forgiveness should not be repeated. Developing qualities of patience and perseverance is seen as an unfailing cure for all kinds of illnesses (Q2:153, 3:200, 3:146, 8:46, 8:66, 12:83, 16:96, 16:126, 23:111, 28:54, 31:17, 32:24). Gratitude and contentment are other virtues emphasized as they lead to satisfaction with what one has and prevent one from being greedy (3:145, 4:147, 6:53, 14:5, 14:7, 14:32–34, 31:31, 34:19, 42:33, 93:11). Justice for all is reiterated in many places as it will lead to a balanced and just society (Q16:90).⁸

⁸One may ask if there is complete justice in the Muslim world and the answer is a definite 'no' because not all Muslims follow the injunctions of Islam causing immense lawlessness in many Muslim countries. There is definitely a lack of understanding of true Islam among Muslims themselves, which leads to more misconceptions of Islam and Muslims among non-Muslims. It is interesting that many Muslim converts report that their conversion was based on the religion of Islam and not on the behaviors of the present day Muslims (see for example, Lang, 1996).

Other virtues that the Qur'an emphasizes are avoiding negative behaviors, e.g. avoiding extravagance that leads to a spendthrift character and other negative consequences (Q39:53); avoiding envy or jealousy that may lead one to anger and depression (Q2:109, 4:32)—envy is only permissible towards a person of better character or one who has spiritual qualities that takes one closer to God; avoiding passionate bodily desires that will lead to illegitimate sex or other unhealthy behaviors leading to the destruction of one's overall health and family/social relationships (Q3:142, 21:102, 43:71). The Qur'an also stresses avoiding pride as it may lead to a sense of elation, which stops one from moving ahead and leads one to look down upon others (Q4:49); avoiding temptation as it may lead toward injustice for oneself or others (Q57:14); avoiding corruption because it is unjust for others and will lead to chaos in the society (Q91:7–8) and avoiding anger because it is a major cause of physical illness and self-destruction (Q3:134). Many injunctions from the Prophet are given to overcome anger, some of which include: taking a few sips of water, making ablution, sitting down or lying down, leaving the area that arouses a person's anger; avoiding evil thinking as it is not beneficial for anyone (Q48:12). The Qur'an uses the word '*waswas*' meaning a whispering into the heart from Satan and prescribes certain verses for recitation that will also keep Satan away.

Faith, prayer, hope, patience, and taking responsibility can be integrated into therapy in dealing with Muslim clients. While we have seen the benefits of faith in the previous section, regarding prayer one is assured that if the prayer is not answered it will earn a better reward in the hereafter and God knows what is best for a person. Group prayer is mandatory at least on Fridays and attains a sense of belongingness for Muslims even if they do not personally know anyone in their congregation. For a problem that afflicts the community, group prayers are often performed asking God for help. Patience refers to finding satisfaction at the end-result of an event especially when the outcome is negative. A great amount of reward is promised in the hereafter for the person who endures hardship with patience and this results in the emotional adjustment of the client. Islam places great emphasis on individual responsibility for all actions since human nature is given the ability to differentiate between right and wrong. The Qur'an even states, "Verily, never will God change the conditions of the people until they change it themselves" (Q13:11). Primarily, any treatment in Islam leads toward building strong faith in the client and reinforcing *fitrah*. A treatment without religious blend would be only partially effective, if at all.

Muslims coming from the Arab and South Asian cultures anticipate qualities in a therapist that may be quite opposite to the expectations one may have in Western cultures. According to Al Issa (2000), the Muslim therapist needs to be assertive in telling a client what the problem is, unlike western cultures where the choice to do something may be offered by the therapist but the client is not obligated to do it. In Islam the therapist plays an advisory

and a teacher's role and the client is a learner or a disciple. The client may not challenge what the therapist has to say. The therapist may also express personal situations, problems, and anecdotes, from which the client is supposed to pick up lessons. The therapist emphasizes interdependence in the family rather than independence. This of course, reflects the collectivistic nature of Muslim society in general. Behavioral functioning is given more value than emotional states (e.g., there is less emphasis on feelings and more on behavior). Feelings have to be subdued in the interest of benefiting others. Moral values play a very distinct and important role. Emphasis is placed upon seeking help from the Qur'an, praying to God, keeping faith and hope, and of course, patience. It is a different issue if the Muslim therapist is trained in the Western paradigm and follows the scientific, non-judgmental, and value-free approach. Such therapists may not have a following within their own culture groups unless they incorporate Islamic values in their therapies.

Conclusions and recommendations

The Muslim presence in America dates back to pre-Columbian times and has grown consistently due to immigration, births, and conversions. American Muslims are not limited to a particular ethnic group and come from almost all races and nations from around the globe. The American Muslim population comes from the indigenous peoples as well as Whites, African-Americans and American Indians. Considering the growing population of Muslims in North America and their unique mental health needs, it is essential that the mental health professionals understand and treat Muslims as an important part of the multicultural fabric of the American society. The professionals need to understand the culture, customs, and religious beliefs of Muslims in order to serve them on an equal footing with other Americans. This could be achieved by providing cultural sensitivity training to professionals in areas including the religious faith of Muslims, their sociopolitical contexts and an awareness of the cultural differences among the Muslim people. A major problem that currently exists is the lack of research on Muslims in general and their mental health in particular, without which it is difficult to devise sound treatment plans. This issue becomes more complicated when mental health is studied in relation to religion. American journals like the *International Journal for the Psychology of Religion* and the *Journal for the Scientific Study of Religion* cover some studies on Muslim issues and may be good reference points for interested researchers. While doing research or assessment, psychological tests meant for the general population may not be suitable for Muslims. Culture free tests may be used to assess the general nature, level and extent of their mental health concerns, but emphasis should be placed on developing tests that are standardized for Muslims themselves. While education on multicultural issues is given to the professionals, it is also important that

such knowledge be given to the students at the university level, training them to deal with these issues later on. Muslim scholars and health professionals can play a major role in disseminating such knowledge. Muslim students must also enter the human and social service professions in order to serve the people of their own cultures. More importantly, there is a need to develop a comprehensive and conceptual understanding of the Islamic perspective on mental health that can guide the professionals to appropriate treatment methods. A combination of useful modern approaches and religious treatments could go a long way to helping Muslim clients. Analysis of the interplay between religion and indigenous culture on the one hand and American lifestyle on the other hand is a serious area of research.

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